



**City of Atlanta
SANITARY SERVICE CHARGE
SENIOR CITIZEN 30% DISCOUNT APPLICATION**

CHECK ONE: _____ **NEW** _____ **RENEWAL**

REQUIRED DOCUMENTATION

NAME: _____

PROPERTY ADDRESS: _____

PROOF: _____ **Warranty Deed (New applications only)**

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____ - _____ - _____
 MM **DD** **YR**

PROOF: _____ **Birth Certificate** _____ **Driver's License** _____ **GA ID**

2001 ANNUAL INCOME \$ _____

PROOF: _____ **Federal Income Tax Form 1040** _____ **State Income Tax Form**

_____ **Federal Form 1099 for Social Security, Retirement, Interest
Dividends and/or Other Income**

****To be eligible for this discount, person applying must (1) own the property, (2) be 65 years of age or older and (3) have verifiable income less than \$39,000 per year.**

**NOTE: DISCOUNT APPLIES TO OWNER'S PRIMARY RESIDENCE ONLY
(SEE OTHER SIDE)**